

# Instructions for Completing the COVID-19 Staff Member Vaccine Administration Record

## 1. Facility and staff member information:

- a. Print the staff member's full name and date of birth in the space provided.
- b. Print the facility name at the top of the form.
- c. Document that vaccine education was provided to the staff member prior to vaccination. Enter the date and initials of the staff member providing the information.

## 2. Vaccine administration:

- a. Place an X in the box next to the manufacturer of the vaccine. If the manufacturer is not listed, place an X in the box next to "other" and print the manufacturer name.
- b. Place an X in the box to indicate if this is the staff member's 1st or 2nd dose of the vaccine.
- c. If the staff member **declined**, indicate the dose the staff member declined by placing an X in the box associated with the dose.
- d. Print the lot number of the vaccine (as it appears on vial) in the space provided.
- e. Print the date the vaccine was given in the space provided (Month/Day/Year).
- f. Place an X in the box to describe the location on the body (right arm or left arm) where the vaccine was administered.

## 3. Document additional primary doses or booster vaccine administration:

- a. Print the vaccine manufacturer's name in the appropriate box (additional primary doses or boosters).
- b. If the staff member declined vaccination, place an X in the box associated with the dose and document the date declined.
- c. If you administer the vaccine, print the lot number of the vaccine and diluent (if available) as it appears on the vial in the space provided.
- d. Print the date the vaccine was given in the space provided (Month/Day/Year).
- e. Place an X in the box to describe the location on the body (left arm or right arm) where the vaccine was administered.

## 4. Staff member declined COVID-19 vaccine:

- a. If the staff member declines the COVID-19 vaccine, place an X in the box to indicate that the staff member declined.
- b. Enter the date the staff member declined (Month/Date/Year) in the space provided.

## 5. Contraindication to vaccine:

- a. If the staff member has a history of reacting to a COVID-19 vaccine or other vaccine, or a history of reacting to ingredients in vaccines (like polysorbate or polyethylene glycol) the

vaccine may be contraindicated for the staff member. The staff member should be referred to an allergist or immunologist to provide evaluation before receiving the vaccine.

- b. Briefly describe (to the best of your ability) the known contraindication to the vaccine in the space provided.

#### **6. Adverse event (Reaction) to current vaccine administration:**

- a. If there is a reaction to the COVID-19 vaccine, briefly describe in the space provided. Moderate discomfort (pain at the injection site/general fatigue) may be present within the first 24 hours.
- b. Discomfort associated with breathing, or other symptoms (not present prior to receiving the vaccine) must be reported immediately to appropriate personnel and addressed per facility guidelines. 911 should be called if medical attention need is immediate.

#### **7. Vaccine Tracking:**

- a. The information at the bottom of the Staff Member Vaccine Administration Record for COVID-19 is to be completed by the person(s) assigned by each facility to perform vaccine tracking.
- b. If the staff member has a history of confirmed COVID-19, place an X in the box indicating the staff member's positive result.
- c. Place the date (Month/Day/Year) of the most recent positive result in the space provided.
- d. Validate the presence of a consent form in the staff member's record, by placing an X in the box.

#### **8. COVID-19 vaccine received at another location:**

- a. If the staff member received a COVID-19 vaccine at a location other than the long-term care facility where the staff member is currently working, print the name of the location where the vaccine was administered in the space provided.
- b. Print the date the COVID-19 vaccine was administered (Month/Day/Year) in the space provided.